



April 21, 2009

260

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No 40B01429
Policy No ACP WC 7260987368
Loss Date 05/20/2008
Check No 172394661
Check Amt *****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
04-17-09 THRU 04-23-09 (0015)

Additional Information



Lincoln Regional Office
P.O. Box 80758
Lincoln, NE 68501-0758
402-467-2381 / 800-228-4011

prtpg 379

April 14, 2009

379

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No 40B01429
Policy No ACP WC 7260987368
Loss Date 05/20/2008
Check No 172394132
Check Amt *****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
4/10/09 - 4/16/09 (0014)

Additional Information

KIM NIEHAUS 402-328-9085
Claim Department
NATIONWIDE MUTUAL INSURANCE COMPANY



April 7, 2009

387

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No	40B01429
Policy No	ACP WC 7260987368
Loss Date	05/20/2008
Check No	172393549
Check Amt	*****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
4/3/09 - 4/9/09 (0013)

Additional Information



Lincoln Regional Office
P.O. Box 80758
Lincoln, NE 68501-0758
402-467-2381 / 800-228-4011

prtpg 283

March 17, 2009

283

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No	40B01429
Policy No	ACP WC 7260987368
Loss Date	05/20/2008
Check No	172391601
Check Amt	*****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
03-13-09 THRU 03-19-09 (0010)

Additional Information



March 10, 2009

438

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No	40B01429
Policy No	ACP WC 7260987368
Loss Date	05/20/2008
Check No	172391125
Check Amt	*****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
3/6/09 - 3/12/09 (0009)

Additional Information

Lincoln Regional Office
P.O. Box 80758
Lincoln, NE 68501-0758
402-467-2381 / 800-228-4011

prtpg 388

March 3, 2009

388

ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No	40B01429
Policy No	ACP WC 7260987368
Loss Date	05/20/2008
Check No	172390517
Check Amt	*****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
2/27/09 - 3/5/09 (0008)

Additional Information

KIM NIEHAUS 402-328-9085
Claim Department
NATIONWIDE MUTUAL INSURANCE COMPANY



February 17, 2009

⁴³⁰
ERIC L. ROSE

341 ZELIFF AVE
SHERMAN

SD 57030

Claim No 40B01429
Policy No ACP WC 7260987368
Loss Date 05/20/2008
Check No 172389278
Check Amt *****\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE
1 WEEK AT THE WEEKLY RATE OF \$217.73
BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING
2/13/09 - 2/19/09 (0006)

Additional Information

KIM NIEHAUS 402-328-9085
Claim Department
NATIONWIDE MUTUAL INSURANCE COMPANY